

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN 17 PM 3:33

DOCUMENT # P97000105629

1. Corporation Name

FDY, INC.

Principal Place of Business

9400 ATLANTIC BLVD. #24
JACKSONVILLE FL 32225
US

Mailing Address

4925 VERDIS STREET
JACKSONVILLE FL 32258



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/1997

5. FEI Number

59-3492205

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	YORK, FRANCES	4925 VERDIS STREET	JACKSONVILLE FL 32258
VP	YORK, DOUGLAS V	4925 VERDIS STREET	JACKSONVILLE FL 32258
			400003890884--0 -03/21/01--01080--019 ****150.00 ****150.00
			400003890884--0 -03/21/01--01080--020 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

HEAD, KOKO
2970 HARTLEY ROAD
SUITE 104
JACKSONVILLE FL 32257

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

AD

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FDY, INC
4925 VERDIS STREET
JACKSONVILLE, FLORIDA 32258

REF. NUMBER P97000105629

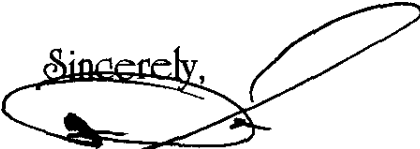
Andy Dunlap (Section Supervisor)

In our conversation, I am clueless to what happen to the checks that were mail early spring. So at this time I am sending two checks of \$150.00 each, one for last year and one for this year.

Please reinstate FDY Inc. as a corporation for the year 2000 and 2001.

And so I know for sure you have recieve these payments, could you give me a call at 904-886-0102. This I would deeply appriccate it.

Sincerely,


Doug V. York